

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 16  
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
 Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties

Full Name (Last, First, Middle Initial) of Payee  
 Planned Parenthood Action Fund of Santa Barbara,  
 Ventura and San Luis Obispo Counties

Date

04 / 01 / 2012

Mailing Address

518 Garden Street

City

State

Zip Code

Santa Barbara , CA 93101

Amount

5.50

Purpose of Expenditure

Electronic Voter Guide (4/1/12-6/5/12)

Category/  
Type

004

Office Sought:

☒ House

State: CA

☐ Senate

District: 24

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Lois Capps

Calendar Year-To-Date Per Election  
for Office Sought

727.61

Disbursement For: ☒ Primary ☐ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
 Planned Parenthood Action Fund of Santa Barbara,  
 Ventura and San Luis Obispo Counties

Date

04 / 27 / 2012

Mailing Address

518 Garden Street

City

State

Zip Code

Santa Barbara , CA 93101

Amount

20.28

Purpose of Expenditure

Voter Guide Email

Category/  
Type

004

Office Sought:

☒ House

State: CA

☐ Senate

District: 24

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Lois Capps

Calendar Year-To-Date Per Election  
for Office Sought

727.61

Disbursement For: ☒ Primary ☐ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
 Planned Parenthood Action Fund of Santa Barbara,  
 Ventura and San Luis Obispo Counties

Date

04 / 30 / 2012

Mailing Address

518 Garden Street

City

State

Zip Code

Santa Barbara , CA 93101

Amount

5.13

Purpose of Expenditure

Voter Guide Email

Category/  
Type

004

Office Sought:

☒ House

State: CA

☐ Senate

District: 24

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Lois Capps

Calendar Year-To-Date Per Election  
for Office Sought

727.61

Disbursement For: ☒ Primary ☐ General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

30.91

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
 (carry total from last page forward to Line 7)

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